

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency

Little Rock, Arkansas 72201

AR Notice PM-458

For: All Offices

Leave Transfer Program

Approved by: State Executive Director



1 Overview

A Purpose

The purpose of this notice is to transmit information regarding out-of-state Leave Transfer Recipients.

B Contact

If you need additional information, please contact Barbara Dehnert at (501) 301-3019 or email Barbara.Dehnert@ar.usda.gov

2 Action

A County Office Action

The County office shall post the attached information on the bulletin board or other prominent place in the office. Please note there is 1 CO Leave Share Recipient.

B Donor Action

The donor shall:

- complete AD-1043 to donate leave
- provide AD-1043 to First Line Supervisor (normal leave Approving Official) for approval.

Note: GS employees cannot donate to CO employees and vice versa.

C Timekeeper Action

The timekeeper shall:

forward AD-1043 to person listed in original notice
provide copy of AD-1043 to donor's T&A clerk
provide copy of AD-1043 to Administrative Division, Attn: Barbara Dehnert.

Disposal Date	Distribution
October 16, 2003	FSA Offices
04-17-03	

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Farm Service Agency
Colorado State Office
655 Parfet St., E-305
Lakewood, CO 80215

DATE: April 7, 2003

Reply to: ADM:ac

TO: Director, DAFO

FROM: *Lewis A. Frank*
LEWIS A. FRANK, State Executive Director

SUBJECT: Leave Share Recipient – Christine Mergelman, CO-08-125-01

The subject CO employee is an approved leave recipient under the Leave Transfer Program.

Ms. Mergelman was in Denver with her husband who was undergoing back surgery. Her mother was bringing their 4 children to Denver to see them and was involved in a single car accident which killed their four year old son. The other three children sustained life-threatening injuries and are in two separate hospitals in Denver. Ms. Mergelman had exhausted her leave with pre-surgery appointments for her husband's back surgery prior to the accident and will now need leave to be with her hospitalized children as well.

We wish to provide this information to FSA CO employees in other states and would appreciate your assistance in forwarding this information on to other applicable states. Thank you for your attention to this matter.

Attachments

33-3

FOR PERSONNEL USE ONLY:
CASE NUMBER

LEAVE TRANSFER PROGRAM - DONOR APPLICATION

INSTRUCTIONS: Use this form to request the transfer of earned annual leave to an approved leave recipient under P.L. 100-566. You may not transfer leave to your immediate supervisor. After completion, forward it to the office in your agency designated to approve leave donations.

PART I - COMPLETED BY DONOR

1. NAME OF DONOR (Last, First, Middle Initial)		2. POSITION TITLE	
3. SOCIAL SECURITY NUMBER	4. SERIES, GRADE, OR PAY LEVEL	5. ORGANIZATIONAL TITLE (Agency, Division, Branch Section)	
6. OFFICE ADDRESS		7. OFFICE TELEPHONE NO.	
8. NAME OF TIMEKEEPER	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS OF TIMEKEEPER	

INSTRUCTIONS: Please review the information below. You may not transfer more than 1/2 of the annual leave you will earn during this calendar year unless a waiver is approved. To request a waiver, you must attach a statement as to why your situation is unusual.

If you will be employed full-time by the federal government for the full calendar year, the limits are as follows:

- 52 hours for employees in the 4-hour leave earning category.
- 78 hours for employees in the 6-hour leave earning category, or
- 104 hours for employees in the 8-hour leave earning category.

If you are a part-time employee or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

• Limit for part-time employee = $13 \times \frac{\text{Duty hours in Pay Period}}{80} \times \text{leave earning category}$

• Limit for part-year employee = $\frac{\text{Number of Pay Periods to be worked}}{2} \times \text{leave earning category}$

11. NUMBER OF HOURS OF ANNUAL LEAVE TO BE TRANSFERRED	12. NAME OF RECIPIENT Christine Mergelman	13. CASE NUMBER CO-08-125-01	14. SOCIAL SECURITY NUMBER OF RECIPIENT (if known)
15. ORGANIZATIONAL LOCATION OF RECIPIENT (Agency, Division, Branch, Section) Yuma County FSA Office		16. OFFICE ADDRESS OF RECIPIENT 247 N. Clay St., Wray, CO	
17. NAME OF LEAVE SHARE COORDINATOR Alice Christy	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR 720/544-2966 fax 720/544-2879	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR 655 Parfet St., Lakewood, CO	

CERTIFICATION OF VOLUNTARY DONATION: I certify that I am making this donation entirely of my own free will and that no attempts have been made to coerce me to donate annual leave. I understand that except for any leave unused by the recipient, I have no right under my circumstances (including a medical emergency of my own) to have any of the donated leave restored.

SIGNATURE OF DONOR	DATE
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PART II - AGENCY REVIEW AND APPROVAL

1. CURRENT ANNUAL LEAVE BALANCE (in hours)	AS OF PAY PERIOD NUMBER	2. ANNUAL LEAVE CATEGORY PER PAY PERIOD
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APPLICATION APPROVED:

☐ YES (This application meets all criteria required for annual leave transfer by law, regulation and Department policy. Transferred leave may be credited to the recipient's account effective Pay Period Number):

☐ NO (state reason for disapproval):

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL	TITLE	OFFICE TELEPHONE NO.	DATE
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PRIVACY ACT STATEMENT

§ U.S.C. 6311 authorizes collection of this information. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.